

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist Raymond John Fried
FIRST NAME LAST NAME

Address 4165 East 186 Street Cleveland 22 Cuyahoga County Tel. Wa 1-2309
NO STREET CITY ZONE COUNTY

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
25/25	*\$25	A Vigil	Intaglio			
10	*\$100	A Summer Camp for Retarded Adults	oil	4	860	A
10	*\$15	Painting #2 (Litho #2)	litho	4	861	R
10	*\$20 ea.	The Laugh	litho	4	862	R
		\$10 of frame				
		* Price does not include frame				
		frame \$10. extra				

Use second blank if required

IMPORTANT

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

s printed

Raymond J. Fried

SIGNATURE